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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
<b>B-1031</b>	

## SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator <b>Texaco Inc.</b>		8. Farm or Lease Name <b>New Mexico AB St.</b>
3. Address of Operator <b>P. O. Box 728 Hobbs, New Mexico 88240</b>		9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>P</b> <b>560</b> FEET FROM THE <b>East</b> LINE AND <b>660</b> FEET FROM THE <b>South</b> LINE, SECTION <b>6</b> TOWNSHIP <b>18-S</b> RANGE <b>35-E</b> NMPM.		10. Field and Pool, or Wildcat <b>Vacuum Abo Reef</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3966' GR</b>		12. County <b>Lea</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

**Change of plans on subject well does not include perforating & acidized as described on 103 submitted 4-17-73.**

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *J. W. Schaff* TITLE **Asst. Dist. Supt.** DATE **July 30, 1974**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: